



Rates for Effective Date - 12/1/2017
Four Tier - Ulster, Sullivan, Putnam, Dutchess & Orange

Platinum	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Freedom Platinum EPO 5/15	PCP/Specialist: \$5/\$15 Deductible, Coinsurance: \$0, 0% Max OOP: \$3,000/\$6,000 Rx: \$5/\$30/\$60 after \$100/member Rx deductible (N/A Tier 1)	\$1,166.80	\$2,328.66	\$1,980.11	\$3,316.23
Gold	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Freedom Gold EPO 15/30	PCP/Specialist: \$15/\$30 Deductible, Coinsurance: \$800/\$1,600, 10% Max OOP: \$4,000/\$8,000 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$1,002.38	\$1,999.81	\$1,700.58	\$2,847.62
Oxford Liberty Gold EPO 30/60**	PCP/Specialist: \$30/\$60 <i>Referral Required</i> Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$4,000/\$8,000 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$936.38	\$1,867.81	\$1,588.39	\$2,659.52
Oxford Metro Gold EPO 25/40 NG	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (N/A Tier 1)	\$846.70	\$1,688.46	\$1,435.93	\$2,403.95
Oxford Metro Gold EPO 25/40**	PCP/Specialist: \$25/\$40 <i>Referral Required</i> Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$4,500/\$9,000 Rx: \$10/\$65/50%, max \$800 per script	\$807.48	\$1,610.00	\$1,369.25	\$2,292.15
Silver	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Freedom Silver PPO 40/70	PCP/Specialist: \$40/\$70 Ded, Coins: IN \$2,500/\$5,000, 30%; OON \$4,000/\$8,000, 50% Max OOP: IN \$6,850/\$13,700 OON \$10,000/\$20,000 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$916.27	\$1,827.60	\$1,554.20	\$2,602.22
Oxford Liberty Silver EPO 40/70	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$6,850/\$13,700 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$822.03	\$1,639.10	\$1,393.99	\$2,333.62
Oxford Liberty Silver EPO HSA 80%	PCP/Specialist: Deductible then \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$5,500/\$11,000 Rx: Deductible then \$15/\$35/\$75	\$786.55	\$1,568.15	\$1,333.67	\$2,232.50
Oxford Metro Silver EPO 30/60**	PCP/Specialist: \$30/\$60 <i>Referral Required</i> Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$6,850/\$13,700 Rx: \$10/\$65/50%, max \$800 per script	\$700.04	\$1,395.13	\$1,186.60	\$1,985.96
Bronze	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Metro Bronze EPO HSA 100%**	PCP/Specialist: Deductible then 0% coinsurance <i>Referral Required</i> Deductible, Coinsurance: \$6,550/\$13,100, 0% Max OOP: \$6,550/\$13,100, 0% Rx: Deductible then \$0/\$0/\$0	\$563.38	\$1,121.81	\$954.27	\$1,596.47

Carrier rates are subject to NYS Department of Financial Services approval and final verification at enrollment.
 All plans above include \$4.95 for HealthPass Program Benefits (non-carrier/agent services) and a 2.9% billing and administrative fee.
 Domestic Partner (DP) coverage is available with all carriers. Rates for DP will be the same as rates for Employee/Spouse and Family.
 * These are benefit highlights only. Please refer to the official SBC for summary of benefits at www.healthpass.com/forms.
 ** Gated plan which requires the selection of a Primary Care Physician (PCP) and referrals to see specialists.